

02/13/02

02-14-02

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**



Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

**METHOD AND SYSTEM FOR DETERMINING IMAGE
ORIENTATION**

First Named Inventor (or Application Identifier):
Jiebo Luo

Enclosed are:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Specification | 6. <input checked="" type="checkbox"/> Assignment of the invention to
Eastman Kodak Company |
| 2. <input type="checkbox"/> 5 Sheet(s) of drawing(s) | 7. <input type="checkbox"/> Certified copy of a priority
document |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR
1.97 | 8. <input type="checkbox"/> Associate Power of Attorney |
| 4. Combined Declaration for Patent Application and Power of Attorney: | |
| 4a. <input checked="" type="checkbox"/> New | |
| 4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed) | |

5. Incorporation by Reference (useable if Box 4b is
checked) The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied under Box 4b,
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,
after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. ,
filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,

12. Please address all written communications to Thomas H. Close, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.

Please Direct all telephone calls to Thomas H. Close at (585) 722-2396.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 740
TOTAL CLAIMS	18 - 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	2 - 3 =	0	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED		+ 280		\$0
			TOTAL	\$ 740

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 740 .

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

Thomas H. Close/cjm
Telephone: (585) 722-2396
Facsimile: (585) 477-4646

T. H. Close
Attorney for Applicants
Registration No. 27,428

